

# Implementing the PLISSIT Sexual Health Methodology to Address Sexual Health Changes with Oncology Patients

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# Introduction

- ❖ Sexuality is a vital component of normal human functioning. This entity is sparsely addressed in oncology patients secondary to the awkwardness that surrounds the topic ( American Cancer Society, 2018).
- ❖ Sexual health problems tend be higher in the oncology population, especially those with reproductive cancers (Higano, Zarowski, Wasserug, & Elliott, 2016).
- ❖ Sexual dysfunction impacts 40-100 percent of oncology patients with side effects including alterations in body image, relationships, self-esteem, and sexual functioning (Alappattu, Harrington, Hill, Roscow, & Jeffrey, 2017; Depke & Onitilo, 2015).

# Problem Statement and Purpose

## Purpose

- ❖ Positively change the nurses' approach to broaching and addressing sexuality in the cancer population

## Objectives

- ❖ Integrate a sexual assessment using the PLISSIT Sexual Health methodology into the daily practice of oncology nurses

# Clinical Question

For infusion suite nurses at an outpatient infusion center, will the implementation of the PLISSIT Sexual Health methodology, compared to current practice, improve oncology nurses' attitudes toward sexual health and documentation of patient's sexual health concerns in eight weeks?

# Methodology

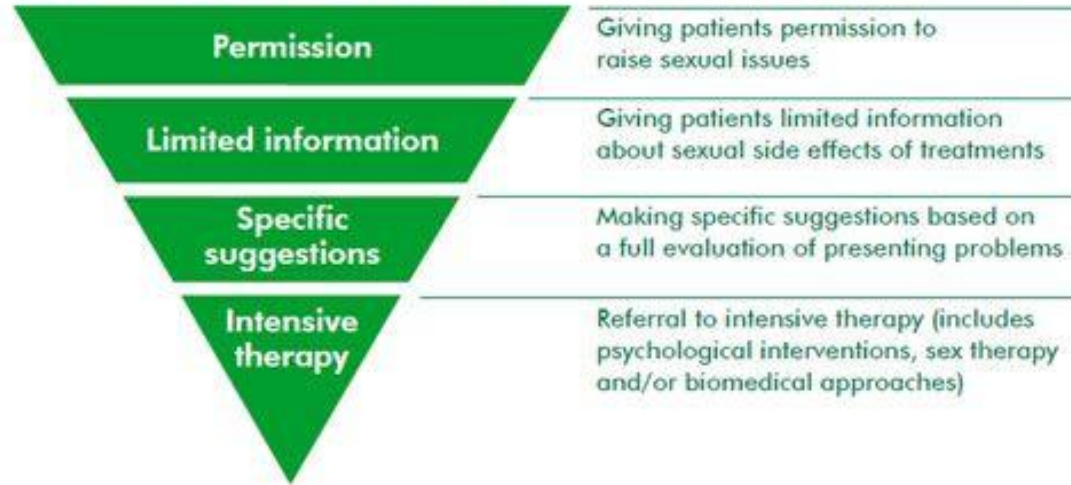
- ❖ Quasi-experimental design
- ❖ The data collection was completed at a 62-chair outpatient infusion suite in Nassau County, Long Island
- ❖ A convenience sample size comprised of 16 oncology nurses

# Methodology Cont'd

- ❖ Sexual Health Care Scale- Attitude ( SHCS-A) - a 17 item questionnaire
- ❖ The PLISSIT audit
- ❖ The Iowa Model
- ❖ The Albert Bandura's theory

# The PLISSIT Model

## PLISSIT Model of Addressing Sexual Functioning (Annon, 1974)



# Results

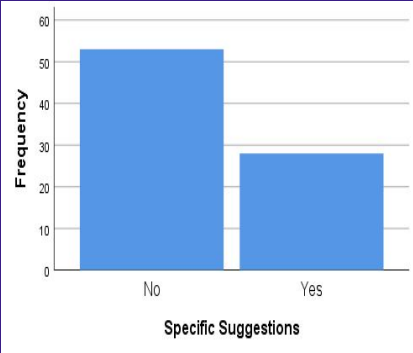
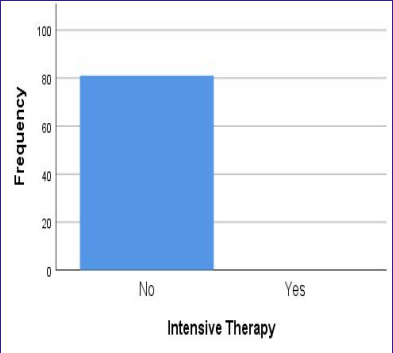
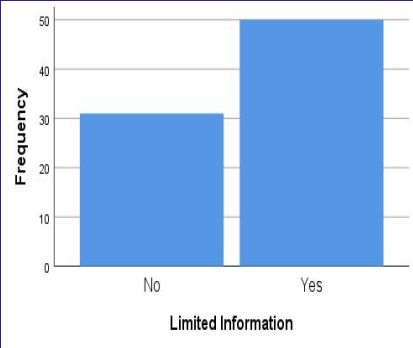
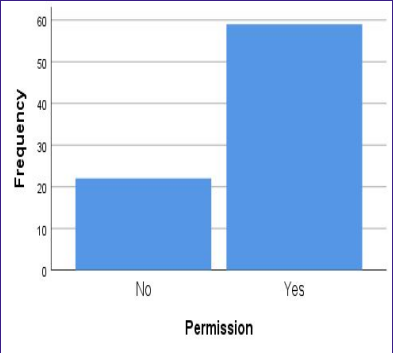
Table 1

Aspect	No	Yes	% Yes
Permission	22	59	72.8%
Limited Information	31	50	61.7%
Specific Suggestions	53	28	34.6%
Intensive Therapy	81	0	0.0%



# Results Cont'd

Figure 1



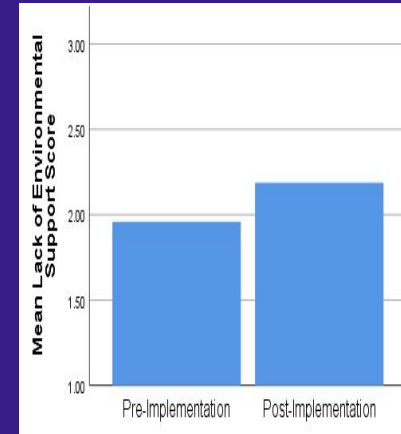
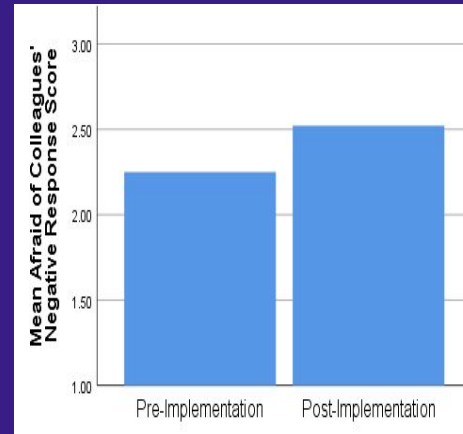
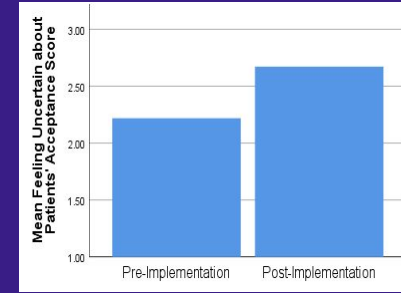
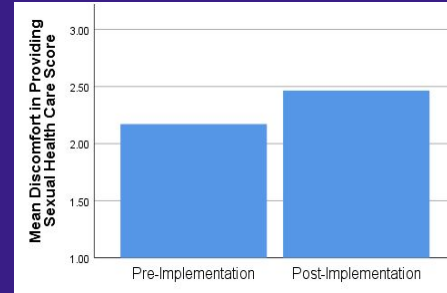
# Results Cont'd

Table 2

Subscale	t	df	p
Discomfort in Providing Sexual Health Care	2.33	15	0.034
Feeling Uncertain about Patients' Acceptance	2.99	15	0.009
Afraid of Colleagues' Negative Response	2.15	15	0.049
Lack of Environmental Support	0.92	15	0.371

# Results Cont'd

Figure 2



# Implications

- ❖ Utilizing the PLISSIT Sexual Health methodology has the potential to improve nurses' confidence and comfort level in addressing sexual health changes
- ❖ It is necessary for oncology nurses to be adept in addressing sexual health changes and to be supported by these skills in clinical practice
- ❖ Further studies can evaluate the efficacy of training programs

# Limitations

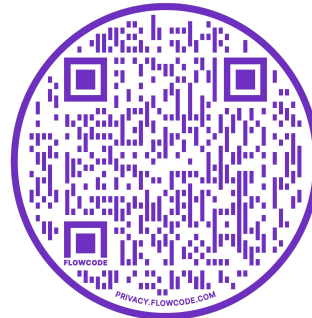
- ❖ Small sample size
- ❖ Project time frame
- ❖ Nurse's availability
- ❖ Time of year the quality improvement project was conducted

# Conclusion

- ❖ The PLISSIT Sexual Health methodology was instrumental in improving sexual health discussions in patients with reproductive cancers
- ❖ It also improved the nurses' confidence and comfort level in addressing sexual health changes among the oncology population
- ❖ It is recommended that oncology nurses participate in in-service programs where the utilization of the PLISSIT or any other sexual health methodology is encouraged (Oskay, Can, & Basgol, 2014).

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Thank You!

